

Name

Mailing address



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES
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Office: 45 Memorial Circle, Augusta, Maine

Office:

House

District

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

□ Senate

MAINE ETHICS COMMISSION 2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

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Please file this statement with the <u>Clerk of the House</u> or the <u>Secretary of the Senate</u> by **5:00 p.m. on February 19, 2010.** Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

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City, zip code	UNITY	ME	0497		Phone +37-2493
	PART 1. INC	OME DERIVE	FROM EMPLOYMENT	ΓBY ANOTH	JER Handrick der Schale
	and address of each employed ity of each employer.	er from whom you	u received compensation of	of \$1,000 or m	ore. Specify the principal type of
P	Name of Employer		Address	1935	Principal Type of Economic Activity of Employer
	Farmland Trust	. ·	Main Solfast, ME		land that
Maine Le	State		IS Z		Government
				and glaber to the second and the position of t	
	PART 2.	kina syngsy na akan pagama a syngsy na akan	IVED FROM SELF-EMP s who are self-employed	Alacadon Victoria de Caldenia Victoria	
A. List the nam associated with entity.	ne and address of your busin a partnership, firm, profession	ess, if any, and lisonal association,	st the major areas of econd or similar business entity,	omic activity fr list the major	om which you derived income. If areas of economic activity of that
Namı	e and Address of Business E	Entity	Major Areas of Econom (self)	ic Activity	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Address:	n/a				
Name: Address:	• 	inini i radio da casa a paganina		an a	
					

PART 2 (continued). INCOME DERIVED	FROM SELF-EMPLO)	/MENT
(For Legislators who are sel B. List each source of income derived from self-employment that represents greater, and specify the principal type of economic activity of the entity or disclosure is prohibited by law, rule, or an established code of professional e entity or person from whom the income was derived.	f-employed.) smore than 10% of your goerson from whom you continue.	gross income or \$1,000, whichever is derived such income. If this form of
Name and Address of Source		Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:		
Name: Address:	hater til så til det med til skala hater grenn sen grengs-til gren til state til skala hater klad skala klad s	All Market To Johnson and Andreas Andreas Andreas (Market Andreas) (A 1976 All Market Andreas
PART 3. MAJOR AREAS ((For Legislators who are attorned with a law form light the second state of the seco	ys-at-law only.)	
List your major areas of practice. If associated with a law firm, list the major a Name and Address of Firm	Major Areas of Pra	ctice Major Areas of Practice
Name: Address:	(self)	(firm)
Name: Address:	The control of the co	
PART 4, OTHER SOURCE:	S OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of the	nis form. Do not include g	ifts. If none, check the box.
□ None Name and Address of Source		Kind of Income (investments, leases, etc.)
Name: Bongor Sownigs Bank Address: Bongor, ME	ett til det ett til her kriver på ektivit i even mennen præsen ver vig tjobelle sig sig sig sig sig sig sig si	(hank account)
Name: Address:	######################################	
PART 5. REPORTABLE I		
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that areas of economic activity of each creditor. Do not list credit card liability or lo	you received during the ans from a relative. If nor	reporting period, and list the major ne, check the box.
Name and Address of Creditor		Principal Type of Economic Activity of Creditor
Name: Address:	over the control of t	
Name: Address:		

List the specific source of each gift of more than \$300. Include g	PORTABLE GIFTS	200 130 130 130 130 130 130 130 130 130 1	
none, check the box.	gifts with an aggregate	value of more	e than \$300 from a single sourc
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	RTABLE HONORAR		
List the source of any honoraria accepted for appearances or spec	eches related to your leg	gislative respo	onsibilities. If none, check the be
None	a thankan kan kan kan kan kan kan kan kan ka	ndik na mpakana a pankan ilikuwa na maraka na maraka	Profession to the second secon
Name of Source of Honoraria		Name of So	urce of Honoraria
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	4.		-1995-1941-1959-1966-1966-1966-1966-1966-1966-196
PART 8. REPRESENTATION	ON BEFORE STATE	AGENCIES	
List each executive branch agency before which you represented	or assisted others for	compensation	n of any amount. If none, checl
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2.	4.		
2.	4.		
2. PART 9. BUSINESS		ICIES	
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PART 9. BUSINESS List each executive branch agency to which you or a member of \$1,000 during the reporting period. If none, check the box.	WITH STATE AGEN	5,68,62,62,63	r services with a value in exces
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PART 9. BUSINESS List each executive branch agency to which you or a member of \$1,000 during the reporting period. If none, check the box.	WITH STATE AGEN	sold goods o	r services with a value in excessor
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List any for-profit or nonprofit corporation, firm, association, pa any office, trusteeship, directorship, or position of any nature. was compensated. If a family member listed, indicate your rela	Indicate whether you o	or a family held the	position and whethe	diate family held r the position
None	www.eeww.com.	XWW032300-013-02-0-11		
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
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PART 11. OFFICER OR DIRECTOR POSITIONS